Oklahoma Wing Office of Plans Programs and Training

Initial Activity Planning Form

Activity Submission D	ate	Activity 1	Begin Date		Acti	vity Requesto	r Name
Unit Charter	Activity Nu	mber	Activity Lo	cation	1		
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Disposition of Activity		D.O. App	proval		CC	C Approval	
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Remarks:							
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OK! AHOMA WING - CIVIL AIR PATIS-L United States Air Force Auxiliary Unit

MISSION	IMBURSEMENT REQUEST
Miccian #	Data

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□ Wing Cr	redit Card #	f :			□ A	ttached		□ Not Atta	iched (Exp	lain below)
Date	Aircraft/ Vehicle Type	Aircraft/ Vehicle ID#	Aircraft/Vehicle Owner (Cap/Member)	Aircraft Rate per Hour	Hours Flown	Aircraft Maint. Claimed	Aircraft Fuel Claimed	Vehicle Fuel Claim	Misc. Costs Claimed	Subtotal Claimed
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		FOR WING USE ONLY		
Date Received at Wing	Mission Actions #	Date Forwarded to Finance	Check #	Date Paid
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OKWG Form 1 (March 1998)

Previous Editions Will Not Be Used

OKLAHOMA WING AIRCRAFT MONTHLY UTILIZATION REPORT

For (Circle): Jan Feb Mar Apr May Jun Jul Aug Scp Oct Nov Dec Flight hours and revenue paid to wing for flights not assigned to a mission number are to be calculated using Hobbs time. Second	UnitName &	t Number:								
Member N5202E	For (Circle)	: Jan Feb	Mar Apı	. May Ju	n Jul Au	g Sep C	oct Nov I	Dec		
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OKLAHOMA WING VEHICLE MILAGE REPORT

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Oklahoma Wing Form 3 (Feb 1996)

Forward Completed Form To Wing Transportation Officer



INFORMATION REPORT

Oklahoma	Wing
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HEADQUARTERS OKLAHOMA WING CIVIL AIR PATROL Auxiliary of U. S. Air Force P.O. Box 10659 - Midwest City, Oklahoma 73140

CIVIL AIR PATROL RADIO STATION LICENSE APPLICATION

1. N	AME	GRADE	Capsn	
2. A	ddress			
3. C	ITY	STATE	ZIP	
4. H	OME PHONE	OFFICE P	HONE	
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*10.	COMMERCIAL FCC LICE	INSE NO.	AMA	TEUR CALL
11.	UNIT:	CHAF	RTER NO	
12.	SIGNATURE		ATE	
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* * Lines 6 thru 10 do not need to be filled out for a MOBILE License

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OK WING FORM 22 30 Nov 83 Replaces unnumbered form which will be used. Local reproduction authorized.

INFORMATION CIRCULATION GUIDE ACTION INFORMATION FILE COORDINATION CC CD CS ____ IG ____ DA ____ SE ___ DP __ ____ DO ____ __ LGS ___ __ AC ___ DOH ___ AE __ PA ____ DOS ____ __ __ HC ____ DOV ___ TTH ___ JA ___ DC ___ XR ___ _ SO LO RAC

OK WING FORM 24 30 Nov 83

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OK WING FORM 30 1 Nov 83 Replaces OK Wing Form 823

STAFF POSITION	NAME	RANK	CAPSN
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EMERGENCY SERVICES OFFICER			
COMMUNICATIONS OFFICER			
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SENIOR PROGRAMS OFFICER			
LOGISTICS OFFICER			
DEPUTY COMMANDER FOR CADETS			
AEROSPACE EDUCATION OFFICER			
LEADERSHIP OFFICER			
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PERSONNEL OFFICER			
RECRUITING OFFICER			
FINANCE OFFICER			
MEDICAL OFFICER			
TESTING OFFICER			
LEGAL OFFICER			
CHAPLAIN			

OK WG FORM 31, 1 Nov 83. Replaces unnumbered form which is obsolete.

Charter Number

OKLAHOMA WING CIVIL AIR PATROL MERGENCY SERVICES ALERTING INFORMATION

Effective Date	F	ľfΩ	cti	VA	D	ate
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Air Ops Dir		1	<u> </u>	/DR Pilot				Gnd Rad Mon	690.600	-11	n/a
Gnd Ops Dir				Nar Crew			n/a	Mountain Qua			n/a
Air Search		-	<u> </u>	sp Pilot	-		n/a	Chf Ck Pliot	1		ri/a
Gnd Search				erver	Ni o			Ck Pilot	1.05 () () () () () () () () () (n/a
Comm Dir		-		nner				Msn Ck Pilot			n/a
Radio Oper	 			Team Ldr				Cdt Orient Pik	ot '	. :	n/a
	1	1	L		<u> </u>	ICES DE	RSONNEL	3000 2 300 2 300 2			
		Mei	URED.	S QUALIFI	21 (496) 14	IUEO FE	NOVIMEL	I	MFMRI	RS OII	ALIFIED
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State Damage A		JE(4)	-13	<u> </u>		Red Cro	ss Mass Care		****		
Red Cross Dama		int -		1			ss Emergency A	\ssist i			
Red Cross Intro	-			 			ss Shelter Oper				
		1		L	l			l			
Remarks:											

INSTRUCTIONS FOR COMPLETING OK WING FORM 50

NOTE:

This form is due at Wing DOS prior to the 15th of each month for the following month. The lists will then be compiled and sent to each Mission Coordinator and Alerting Officer.

- 1. Enter charter number and the effective date for which the form was completed.
- 2. Enter the Primary, Secondary, and a back-up alert officer for the unit. These people should be knowledgeable of all unit assets and how to contact all members of the unit.
- 3. List all aircraft available for any Emergency Mission. Indicate whether they are corporate or member owned. The airport identifier may be used for the location. List the cruise speed and fuel range in hours for each aircraft and any special equipment that may be used on a mission.
- 4. List all vehicles available for Emergency Mission use. Supply the requested information for each vehicle. List any special equipment that could be used on a mission.
- 5. List all Emergency Services equipment available to your unit. Any personal equipment would normally not be issued for another member's use during a mission.
- 6. List the number of Qualified and Trainee Emergency Services personnel.
- 7. List the number of Qualified Seniors and Cadets trained for Disaster Services missions.
- 8. Include any remarks that should be supplied to the Mission Coordinator.

The same of the second of the

					DATE
SEAKCH AND KESCUE MISSION	UE MISSIC		SIATE ASSIGNMENTS		MISSION NUMBER:
STAFF POSITION	GRADE	NAME		UNIT	M/C COMMENTS
MISSION COORDINATOR					
AIR OPERATIONS OFFICER					
FLIGHT LINE OFFICER					
AIRCRAFT CLEARANCE OFFICER					
AIRCRAFT DISPATCHER					
BRIEFING OFFICER					
DEBRIEFING OFFICER					
GROUND OPERATIONS OFFICER					
TRANSPORTATION OFFICER					
COMMUNICATIONS OFFICER		,			
RADIO OPERATOR					
RADIO OPERATOR					
SAFETY OFFICER					
PUBLIC AFFAIRS OFFICER		•			
ADMINISTRATIVE OFFICER					
RADEF OFFICER					

現代教育の 使 政治の 主義教育の 解解機能・発療薬器もの、整理薬の発生物 あんだんが 新しまだい まんりょう

DISPATCHER LOG

N-NUMBER	READY TIME	ETO	CRANK TIME	ATO	ATA
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				:	
			:		
	:		1 2 2	<u> </u>	

OK WING FORM 52 1 Nov 83 Replaces unnumbered form which will be used. Local reproduction authorized.

OKLAHOMA WING CIVIL AIR PATROL

CHECK	REQUEST - CADE	ET ORIENTATI	ION FLI	GHT	,
I. REQUEST: I request tha INDIVIDUAL/SQUADRON ADDRESS REQUESTED BY: Print Name & Grade					
II. AIRCRAFT FLIGHT INFORM	MATION:				
Date of Flight	_ Duration	A/C # N	<u> </u>	Pilot	
III. CAP Form 77, Cadet Ori (Flights 2 & 3 only fo	entation Cards, r reimbursement	, legibly co	omplete	d, are attac	hed for:
CADET NAME	CAPSN	CHARTE	ER#	FLIGHT #	AMOUNT
IV. COORDINATION: Cadet Programs Finance OApprovedApprovDisapprovedDisapp Initials: Date:	edApp	Commander proved sapproved	A C C	heck Date: heck Number:	IBUTION:
ATTACH ALL CAP FORM 77's WH INSTRUCTIONS: Complete Sec Flights #2,	· · · · · · · · ·		Ma Hq P.(il to: Oklahoma Wii O. Box 10659 West City Ok	

NOTE: I tems with " $\boldsymbol{\ast}$ " MUST be completed to process this form.

1. Personal Information	
* Name (Last, First MI):	# CAPSN:
# Grade (Circle): Cadet, S/M, FO, TFO, SFO, 2LT, 1	LT, CPT, MAJ, LTC, COL
Home Phone: ()	Work Phone: ()
* Unit Name:	# Unit Charter Number:
#Available in National Emergency?YesNo	Type/Reg. No. of Acft Owned
2. Emergency Services Training	3. <u>Previous Emergency Services Status</u>
# 50-15-1 School Date:/	* Is this your initial ES qualification?
(mo / yr)	No, Enter current CAPF 101 No.
# 50-15-2 School Date:/	Yes, Skip section 4.
(mo / yr) 4. Emergency Services Specialty Qualification Status	
4. Emergency Services Specialty Qualification Status	
Enter Q=Qualified, T=Trainee, plus month/year of	MOST RECENT performance of each specialty.
Example: For fully qualifie	d member enter: Q 06/88
1a Senior M/C (SMC):	14 Ground Operations Officer:
16 ELT M/C (MC-ELT):	15 Flight Line Officer:
1c Outside Agency Support (MC-OS):	16 Flight Line Assistant:
1d CAP Customs M/C (CMC);	17 Vehicle Clearance Officer:
02 Air Operations Officer:	18 Vehicle Dispatcher:
03 Briefing/Debriefing Officer:	19 Ground Team Leader:
04 Aircraft Clearance Officer:	20 Ground Team Member:
05 Aircraft Dispatcher:	21 Interview Team Member:
08 Mission Observer:	22 Public Affairs Officer:
09 Mission Scanner:	23 Safety Officer:
10 Communications Officer:	24 Administrative Officer:
11 Radio Operator:	25 Aerial Radiological Monitor:
12 ES Part 1 Instructor:	26 RADEF Officer:
13 ES Part 2 Instructor:	30 Other ES Specialties (List):
For These Specialities, Enter Month/Year of Most Rece	nt Biennial Mission Pilot Flight Check (CAPF 5)
06 Mission Pilot Check Pilot: 07 Mission Pilot:	7a Special Mission Pilot: 7b Special Mission Co-pilot:
. Certification	
I certify that the information listed above is to the	best of my knowledge true and complete.
# Applicant's Signature:	Date/_/
	g Record (OK WG Form 63), which is on file, and this application. I ection of the member's training record and experience. Member is in section 4.
■ Unit Emergency Services Office	er's Signature Date//
* Unit Commander's Signature	Date//

ELT SEARCH MISSION SUMMARY

,	AISSION NU	MBER	AL	ERT TIME (DTGL)		S	ELECT CARD NUMBER _	
SRAVO 1	TIME AIR	CRAFT LAUNCHED GROUND TEAM D	ISPATCHED					
2	TIME ELT	FIRST HEARD BY A SEARCH PARTY	(IF KNOWI	4)				
3		TAIL NUMBER (REPORT NUMBER	OF AIRCR	AFT USED TO AFRCC)				
4	DATA	NUMBER OF SORTIES						
5	FLIGHT/VEHICLE DATA	HOURS IN SEARCH AREA						
6	FLIGH	HOURS ENROUTE TO SEARCH ARE	A AND SEA	RCH BASE				
7		TOTAL FLIGHT						1
8	TOTAL PE	RSONNEL (AIRCREW AND OTHERS)/1	OTAL MAI	I DAYS				
10	SIGNIFICA	NT WEATHER IN SEARCH AREA						
DELTA	ELT DEAC	TIVATED BY						
2	ACTUAL	OCATION			C00	RDINATES	N	w
3	DEACTIVA	LTION TIME (DTGL)			ELT	NCED BY	CAP	OTHER
FOXTROT		OF CIVILIAN PERSONNEL ASSISTING	IN ELT SH	UTDOWN AND TELEPHO	NE NUMBERS	:		
4 GOLF		EASED FROM MISSION (DTGL)			1			
		JFACTURER		<u> </u>	TYP	E OF AIRCRAFT		
ŀ		L NUMBER	····				-	
ŀ		L NUMBER		•	· · · · · · · · · · · · · · · · · · ·			
		MAKE AND EXPIRATION DATE						
ļ		CAUSE FOR ELT ACTIVATION:	····					
	CRASH		ELT M	ALFUNCTION		HARD LANDIN	IG	OTHER
	IMPROPE	RINSTALLATION	CORR	DED BATTERY		MISHANDLING	•	
	REMARKS						ATTACHMENTS INCLUI 1. CAPP 103 2. CAPF 121 3. MISSION LOG	DED

Civil	Air Patrol	Radio Station	License	/ Radio	Operator Pe	rmit Applic	ation	
Wing Oklahorna	Region	SWR		Call	Sign KPB-5	87		Tactical Call
Type of Application	New Sta	ition	Modi	fication		Renewal	F	ROP Card Needed
Class of Station		Fixed Station		Mobi	e		_Airmob	ile
Type of Station	V	oice	_Digita	al	Voice/	Digital		
Licensee Name		Unit #			Rank		CAP S	N
Street	City	1			State			Zip
Home Phone	Wo	ork Phone			E-Mail			
Pager Number	Mob	oile Phone				Fax#		
Rop # and Wing	Amateur	License Class	3			Ameteur	Callsign	
FCC License Type				FCC Lic	ense #/I.D./	Date		
FCC License Endoresements								
Airmobile/Land Mobile Area of	Operation	n:	- 17 - 11 - 74 - 12 - 12	//- 1//			***************************************	
Fixed Station - Transmitter Loc Street Address or other descript		te						
City		State					Zip	+4
Latitude				Longitue	de			
Antenna Height Above Ground		Antenna Heigl	ht Abov	e Mount	G		Mounted Building	onOther
Tower Data	1	FAA Coordina		ta				,
Primary Service		Nearest Airpoi	rt	· · ·		Antenna	Height Li	lmit
Call Sign		Distance To A	irport		· [Distance to	Center L	ine
Height to Topmost Antenna		Designation of	f Neare:	st Runwa	y	MSL Gro At Anten	ound Elev na Site_	•
	Anz HF		,	7/26.62	9	Other HF		HF-FM Voice
V	HF FM (Digital	_HF-D	igital			SAR	
Emergency Frequency Yes N	lo	Repeater Acce	958\	/esNo	Emerg	ency Powe	Yes_	No
Is all equipment crystal controlled a SAR Stations Only: Is the equi								YesNo od listYesNo
Digital Operation: MYCALL		ALIA:	S		NODE			MailBox
Digipeater Hours:								
Applicant Signature			-		Date	· .		
Unit Commanders Appr	oved Ye	es No			Date			
Wing/Region Action				Ante	enna Survey	Pending	Yes	No

LEASE AGREEMENT

I hereby offer to the Region/Wing, Civil Air Patrol, for use for official CAP purposes, the following items of radio equipment owned by me:

Quantity	Make and Model	S/N

the same filescoping and active insert		

Laffirm	that the equipment listed above is free of an	v liene or encumbrances
	rstand that this agreement gives, Oklahoma V	
operational co official busine documents of	ontrol of the above equipment for CAP purpos ss of the CAP as defined in current CAP Regu CAP, and that this agreement can be termina	es,that it will be used only for liations and other official ted at any time by CAP, for
such equipme CAP will not b	other CAP personnel are allowed to use said on will be returned to me in the event this agro e responsible for the condition of the equipme	ement is terminated, exceptent nor will CAP maintain or
	rantee said equipment. The above equipment il without my consent or approval.	t may not be used by other
Agreed to by:	CAPSN	
Member's Sigi	nature (date)	
FOR THE COM		ık
	Member in Charge	

OKLAHOMA WING TRAINING ATTENDANCE ROSTER/GRADE SHEET COURSE TITLE AND TOTAL HOURS DATE(S) INSTRUCTOR SIGNATURE TEST SCORE OR NAME & RANK CAPSN UNIT LETTER GRADE

Issue items only to individuals who comply with CAPM 39-1 grooming standards and have a current CAP Membership card in their possession. DATE SIGNATURE ISSUER NAME CHARTER # **QT**Y ITEM DESCRIPTION OK WING FORM 71-A 1 Mar: 88 **EXPIRATION DT** CAP CARD ORGANIZATION MEMBERSHIP TYPE

ISSUER:

	M			•			
lission	Mumber		•		SORTIE	NUMBER	

AIRCREW_MISSION_CHECKLIST

	_ 1.	Pick up CAPF 104 and assignment from (Air) Operations Officer.	
	- 2.	Complete flight planning and CAPF 104 aircrew, aircraft, weather and communication blocks, also include sketch of search area on back of form.	
	_ 3.	Go to Briefing Officer for sortle briefing.	
	4.	Quickly complete any flight plan changes. Pilot verify current weather.	
•	<u>5</u> .	See Operations Officer for release signature, acft keys and fuel card.	
	_ 6.	Preflight aircraft, use checklist. Record Hobbs/tach time on OK WG Form and fuel card.	D 1
	7.	Report crew and aircraft ready to Flight Line Officer.	
	_ 8.	Start engine (recommend not earlier than 15 min before takeoff time).	
	_ 9.	Taxl and complete acft pre-takeoff checklist.	
	10.	Report takeoff time to mission base communication, record time on CAPF 104	1.
	11.	Climb to assigned enroute altitude, fly navigation leg(s) as briefed.	
	12.	Make radio reports required in OPIan or as briefed. Record on CAPF 104.	
	13.	Descend to search altitude and search all of assigned area.	to the
-	14.	Locate target(s) sighting(s) on area sketch (debriefing side CAPF 104).	
	15.	Report exiting search area and record time on CAPF 104.	
	16.	Climb to return enroute aititude.	
	17.	Report landing time to mission base communications and record on CAPF 104.	
		After engine shutdown, record Hobbs/tach time on CAPF 99 and fuel card.	1
	1	Post flight aircraft, use checklist. Insure gust lock is installed.	
	20.		
	21.	OBSERVER(S): Complete back side CAPF 104 BEFORE going to debriefing.	
	22.	AIRCREW: Go to debriefing.	
	23.	Go to crew rest area or other designated area and be available for further assignments.	

t van	EVENTS LOG				DATE		GE OF	PAGES	
MISSION BASE	LOCATION				SELECTED CARD NUMBER	MISSION N	UMBER		
. ,	NAME	INITIALS	TI ON	ME OFF	NAME		INITIALS	ON TI	ME Off
MISSION COOR	DINATOR			VII.					
								1	
TIME	AGENCY/PERSON				RECORD OF	EVENTS			
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OKLAHOMA WING CIVIL AIR PATROL

APPLICATION FOR U. S. CUSTOMS SERVICE MISSION CREW STATUS

LAST NAME, FI	RST NAME Mi	RANK	CAPSN SSA	N	UNIT NAME	AND CHARTER	R NO.
HOME ADDRESS (Street	, City, State, Zip)	HOME PHO	NE .	WORK PHO	ONE	DOB	PLACE OF BIRTH
		1,					
		HEIGHT	WEIGHT	RACE	SEX C	OLOR EYES	COLOR HAIR
AERONAUTICAL_RATINGS	PILOT_EXPERIENCE	FAA	CERTIFICATE N	CLAS	SS/DATE OF LA	ST PHYSICAL	MISSION POSITION
Private	Total Pilot H		TYPE ACFT LA	ET AMMIAL (TADE E TOAT	C/TVDE LACT	MISSION CAPF 5
Commercial	PIC Hours	DATE	JITE NOTE EN	JI AIIIOAL (SALL DATE	ETTITE CAST	middlen this d
Instrument	ASEL Hours	4		"N" NUMBER/	TYPE AIRCRAF	T OWNED	DATE JOINED CAP :
ATP	AMEL Hours	ļ	esNo				
Instructor, CFI	CFI Hours	BRIE	F SUMMART UF	FLYING EXPE	HIENCE TAIF	iine, Milita	ry, Charter, CAP)
ASEL	Actual Inst						
AMEL	Hood Inst						
Helicopter	Inst Simulato		TARY SERVICE	(Dates, Br	anch, Active	/Reserve, Ty	pe Discharge)
Observer T S M	CAP Observer	Hours					
AVAILABILITY (Day of	Week Most Available &	Times)					
EMERGENCY NOTIFICATION	l (Name, Address, Tele	phone, Relat	ionship)	*************************************	·····	, <u> </u>	
STATEMENT OF UNDERSTAI							
Pursuant to the "Ag 1985, I may be asked 1	greement Among the Civ to assist the U.S. Cus						
reporting such activit	ty. I understand the	dangers which	h may result	from these	patrol flight	ts, which mi	ght put me in close
proximity to armed dru Service mission, nor w						y weapons wn	ille on a customs
Due to the sensitiv	e nature of this miss	ion a secur	ity investing	tion of mer	ticinating C	AP members m	may he required
		, 2 2000	yvestigs	ron or pu	trorpating o	in mpiner a n	my be required.
					Member's S	Signature	Date
1071 14:00:01 00000		,	WRITE BELOW				
AREA MISSION COORDINAT	OR SIGNATURE/DATE	WING DO SIGN		Time in CAP Waiver	REQUEST (Nam	me/Date)	APPROVAL (Name/Date)
CUSTOMS BRIEFING DATE	SECURITY CLEARAN	CE REQUEST D	ATE SECUR	TY CLEARAN	ICE APPROVAL (DATE	
				·			
Upon completion of ALI	. currency requirement	s, the above	named applica	int is appr	oved to V	WING COMMAND	ER SIGNATURE/Date
perform duties as CAP	Customs:						

MISSION FUEL TOG

	•					
Aircraft Number	Sortie Number	Gallons Fuel	Quarts Oil	Total Fit Time	Pilot Signature	Refueler Signature
	-					
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	*	8 July 1				
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					1.43 (1.13) 1.58 (1.13)	
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OK WG Form 78 (DEC 88)

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CUSTOM PILOT CHECK LIST FOR CURRENCY

OKLA. WING

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Last nam	e, First	name,	Mid	idle initial	Unit na	me and ch	arter num	ber	
Rank:	SSAN:		Pilot or	copilot	Home add	dress:	(street,	city, s	tate/zip
Home tel	ephone no. (a	rea) I	dork tele	phone no. (a	area) Avai	lability:			
	PLEASE INDI	CATE TI	HE MONTH,	AND YEAR TH	HE FOLLOWING	3 DOCUMEN	TS EXPIRE		
101 CARD	MEMBERSH.	IP B	IENNIAL	FORM 5	MEDICAL	MISSI	ON PILOT	CUSTOMS	MSN PILO
									
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OK WG Form 80 1 Nov 88

1.

CORPORATE LEARNING COURSE/SQUADRON LEADERSHIP SCHOOL COURSE REQUEST FORM

Local members serving as staff members for the CLC should have either served or assisted in the position and have earned at least a technician rating in the area they will be teaching.

This form must be returned to Wing HO 30 days prior to the granged course in order to schedule the course. The student fee must be at Wing at least 14 days prior to the proposed course inorder to schedule a course there must be a min or is paid students. Students not able to attend the course after the 15 day period will be allowed to attend another course but the fee will not be refunded.

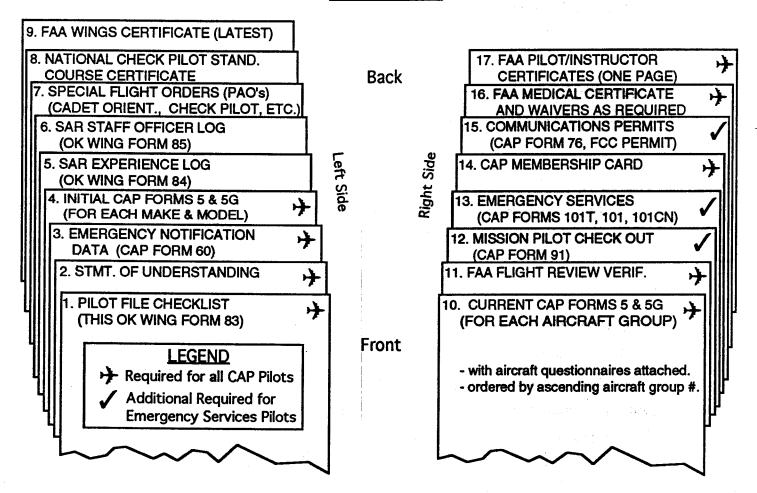
LUCHITON			PR	OPOSED DATES
SITE		PRIMARY ALTERNA	1	
	0000 C000 ATO STATE STATE ATO ATO ATO ATO ATO			
LOCAL DIRECTOR HOME PHONE ()		OFFICE	PHONE (
(if no local	LOCAL instructor a	STAFF ME vailable	MBERS enter N	/A for STAFF MEMBER)
	STAFF MEI	MBER	RANK	QUALIFICATION
ADMINISTRATIVE OFF PERSONNEL OFFICER SAFETY OFFICER INSPECTOR GENERAL LOGISTICS OFFICER SUPPLY OFFICER TRANSPORTATION OFF AIRCRAFT MAINT. OPERATIONS OFFICER	100 100	thing served events arrang around handle handle purply.		
LEGAL, INS. & FUND RAISING				
FINANCE OFFICER				
SENIOR TRAINING				
PUBLIC AFFAIRS	A Transit			
CHAPLAIN				
AEROSPACE EDUCATION				
USAF RECRUITING ASSISTANCE RESERVE ASSISTANCE PROGRAM				
KawG Fm 81 3 Jan 89		Local Par	roduci i	Authorized

OKLAHOMA WING CIVIL AIR PATROL PILOT FILE CHECKLIST

OBIECTIVE

To standardize units and individuals in maintaining pilot documents required by CAP regulations, and to present the Oklahoma Wing standard for pilot file organization.

VISUAL INDEX



Instructions on reverse.

FORM 83 INSTRUCTIONS

- 1. Print last name, first name, middle initial, and CAPSN on blue(front) label and on red(back) label. Do not include rank. Affix to folder. Standard blue pilot file folders are available from local unit DOV or Wing HQ DOV office.
- 2. Organize documents by section as depicted in Visual Index.

 To simplify viewing, small documents(ID cards, etc.) should be copied on lower half of page. For sections 13, 15, 16, and 17, copies of all documents pertinant to the section should be included on a single sheet. For example, mulitple pilot/instructor certificates should appear on a single page in section 17, and FCC Permit should appear on same page with CAPF 76 Radio Operator's Permit in section14.
- 3. Items 4 and 10. Attach Form 5 Written Exam, Aircraft Questionaire, and Cadet Orientation Test as Required. Place items behind the corresponding Form 5.
- 4. Pilots are responsible for maintaining current information in their pilot file. File must remain in location designated by your unit(squadron, flight, etc.) at all times.
- 5. Pilots must maintain a duplicate personal copy for presentation at official CAP activities.

SAR EXPERIENCE LOG

Purpose: To ensure members document all SAR experience beginning 1 Jan 90.

DATE	MISSION DUTY	LOCATION	TYPE	MISSION #	<u>SIGNATURE</u>
		 			
					
					
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				•	

OK WG FORM 84, 1 Nov 90

Local Reproduction Authorized

CAP Staff Officers Experience Log

Purpose: To ensure members document all CAP Staff Officer Experience beginning 1 JAN 90

DATE	POSITION POSITION	LOCATION	IYPE	MISSION #	SUPERVISOR
	E	· · · · · · · · · · · · · · · · · · ·		**************************************	***
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***************************************		Water administrative way assessments	Oriente la comunicación		The state of the s
		Photo mindebalquiqui in Jesu pay		***	
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OKLAHOP WING, CAP

AIRCRAFT N#

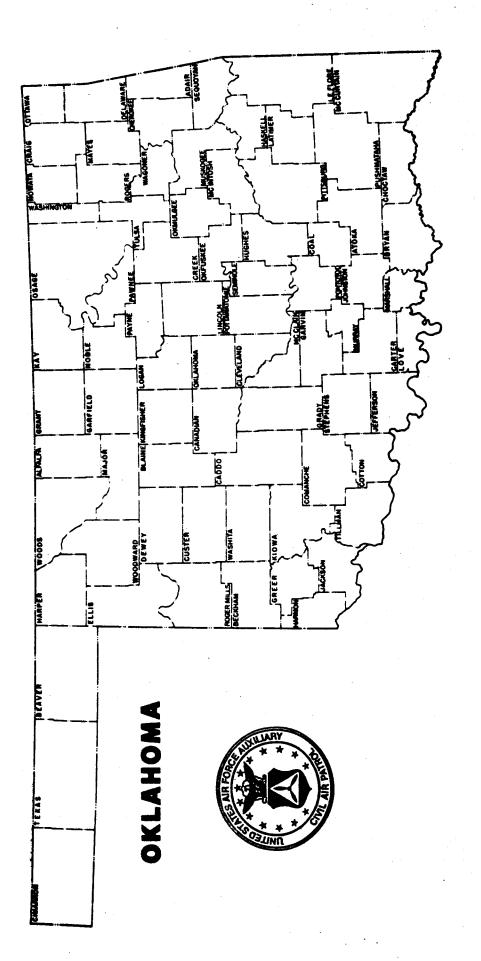
FLIGHT RECORD FOR MONTH OF

Date		Route		Hobbs In	Tach In	Fuel	Flight Release Officer
	Mission #	FROM	Flight Crew/Function	Hobbs Out	Tach Out		Ramarka
Purpose		TO .		Total	Total	(gal.) (qts.)	
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Oklahoma Wing Aircraft Discrepancy/Correction Report (THIS FORM IS A PAGE OF THE AIRCRAFT LOG BOOK)

(1) Form Date		(2) Aircraft Registration no		imber (3) CAPF			Status
(4) Pilot Name		(5) Tach		(6) Hobbs			Symbols
(7) Aircraft Home Location		In case of an Emergency: Contact Wing Commander Col. David Ruppel (405) 670-2211				X Aircraft	
One Discrepancy per box							1
STATUS	(9) Discrepancy		(10) Corrective Action		(11) Repair Time	/ Maintenance Required	
							Routine Maintenance Due
Repairers Signature			Repairers Certificate Number				
One Discrepancy per box							
(8) STATUS	(8) (9) STATUS Discrepancy		(10) Corrective Action			(11) Repair Time	
					· · · · · · · · · · · · · · · · · · ·		
Repairers Signature			Repairers Certificate Number				
One Discrepancy per box							
(8) STATUS	(9) Discrepanc	y	C	(10) orrective Action		(11) Repair Time	
Repairers Signature			Repairers Certificate Number				

REF: CAPR 60-1 OKWG Form 781 (1OCT 98)



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